

Application Data Sheet

Application Information

Application number:

Filing Date:

Application Type: Regular

Subject Matter: Utility

Suggested classification:

Suggested Group Art Unit:

CD-ROM or CD-R?: None

Number of CD disks:

Number of copies of CDs:

Sequence submission?:

Computer Readable Form (CRF)?:

Number of copies of CRF:

Title: Configuration of Reconfigurable Interconnect
Portions

Attorney Docket Number: 003921.00143

Request for Early Publication?: NO

Request for Non-Publication?: NO

Suggested Drawing Figure:

Total Drawing Sheets: 13

Small Entity?: NO

Latin name:

Variety denomination name:

Petition included?: NO

Petition Type:

Licensed US Govt. Agency:

Contract or Grant Numbers:

Secrecy Order in Parent Appl.?: NO

Applicant Information

Applicant Authority Type:	Inventor
Primary Citizenship Country:	France
Status:	Full Capacity
Given Name:	Xavier
Middle Name:	
Family Name:	Montagne
Name Suffix:	
City of Residence:	
State or Province of Residence:	Houilles
Country of Residence:	France
Street of mailing address:	1, rue Gay Lussac 78000
City of mailing address:	
State or Province of mailing address:	Houilles
Country of mailing address:	France
Postal or Zip Code of mailing address:	

Applicant Authority Type:	Inventor
Primary Citizenship Country:	
Status:	Full Capacity
Given Name:	Florent
Middle Name:	
Family Name:	Bedoiseau
Name Suffix:	
City of Residence:	
State or Province of Residence:	Savigny Sur Orge
Country of Residence:	France
Street of mailing address:	37, Bis Avenue, due Panorama
City of mailing address:	

State or Province of mailing address: Savigny Sur Orge
Country of mailing address: France
Postal or Zip Code of mailing address: 91600

Correspondence Information

Correspondence Customer Number: 22907

Representative Information

Representative Customer Number: 22907

Domestic Priority Information

Application:	Continuity Type:	Parent Application:	Parent Filing Date:

Foreign Priority Information

Country:	Application number:	Filing Date:	Priority Claimed:

Assignee Information

Assignee name:
Street of mailing address:
City of mailing address:
State or Province of mailing address:
Country of mailing address:
Postal or Zip Code of mailing address: